

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000022384

1. Entity Name
AFRICAN RENAISSANCE USA INC.



Principal Place of Business
**9528 MUSE PL
ORLANDO, FL 32829**

Mailing Address
**9528 MUSE PL
ORLANDO, FL 32829**



03082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4854929

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DU BUISSON, CATHERINE A
STREET ADDRESS	9528 MUSIE PL
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	D
NAME	DU BUISSON, JAMES ROBERT T
STREET ADDRESS	PO BOX 355, FLORIDA HILLS 1716
CITY-ST-ZIP	SOUTH AFRICA,
TITLE	D
NAME	DU BUISSON, ANN LOUISE
STREET ADDRESS	95218 MUSE PL
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	D
NAME	DU BUISSON, DAVID JAMES
STREET ADDRESS	PO BOX 355, FLORIDA HILLS 1716
CITY-ST-ZIP	SOUTH AFRICA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/08-80026-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ed Buisson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08
Date

(407) 897 1258
Daytime Phone #